## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

1999 69/67/6142

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FC	R	NUMBI	R FILED	NUMBER	IUMBER EXTRA		Έ	FEE		RATE	FEE
ВА	SIC FEE	1973 1973 1973	The state of the s				· 🐔	345.00	OR	- 5.00 P.	690.00
ТО	TAL CLAIMS	30	minus 2	0= * 」ひ	* 10		9=		OR	X\$18=	186,00
IND	EPENDENT CL	AIMS Z	3 = *	*				OR	X78=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	876,60
CLAIMS AS AMENDED - PART II							SMALL ENTITY			OTHER	THAN
	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST					SMA	LL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9	<del>)</del> =		OR	X\$18=	
AME	Independent	*	Minus	***	=	X39	=		OR	X78=	
	FIRST PRESE	NIATION OF M	OLTIPLE DEP	ENDENT CLAIM		+130	)=		OR	+260=	
							TAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)							FEE		10	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	PAID FOR	=	X\$ 9	)—	FEE	0.0	X\$18=	FEE
	Independent	*	Minus	***	=	X39			OR		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						)= 		OR	X78=	
						+130	)=		OR	+260=	
						ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9	)= ·	-	OR	X\$18=	
	Independent	*	Minus	***	=	X39	=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIN	Л						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"								OR	TOTAL ADDIT. FEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

uplication or Docket Number

09/676/42

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS							RAT	E	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUM	NUMBER EXTRA		FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			เจาก่อนร 20=		*		X\$ 9	=		OR	X\$18=	
INDEPENDENT CLAIMS			~ · m	inus 3 =	*	-	X42	=		OR	X84=	
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT				+140	=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	Ĺ		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	LE	NTITY	OR	OTHER SMALL		
AMEL OMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUME PREVIC PAID I		BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
No.	Total	. 30	Minus	<i></i> 3	0	=	X\$ 9	=		OR	X\$18=	
AME	Independent	. 2	Minus	*** 0	<u>ک</u>		X42=			OR	X84=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEI	PENDENT	CLAIM		+140:			OR	+280=	
	B	(Column 1)		(Colun	nn 2)	(Column 3)	TOT ADDIT. F	•		OR	TOTAL ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER JUSLY FOR	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
WON	Total	* 28	Minus	** 3	0	= —	X\$ 9=			OR	X\$18=	
2	Independent	NTATION OF MU	Minus	*** 5	CLAIM		X42=		•	OR	X84=	
	FIRST PHESE	NIATION OF MU	LIPLE DEF	PENDENI	CLAIIVI		+140=			OR	+280=	٠ ا
							TOTA ADDIT: FE			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	, , , , , , , , , , , , , , , , , , , ,					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RATE	T	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
P .	<b>Fotal</b>	*	Minus	##		=	X\$ 9=	l		OR	X\$18=	
	ndependent	*	Minus	***		=	X42=			OR	X84=	
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		+140=	1		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												